

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

Name: Charlotte Bergman**Daytime Telephone** _____U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CHIEF CLERK

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LEGISLATIVE RESOURCE CENTER

FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <u>Tennessee</u>	District: <u>09</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/>	Candidates – Date of Election: <u>November 6, 2018</u>		
	New Officer or Employee			Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
			Period Covered: January 1, 2018 to <u>September 1, 2018</u>	

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:
 a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Yes No

b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes No

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes No

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes No

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes No

G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes No

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Chadwick Dufresne

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income									
				A	B	C	D	E	F	G	H	I
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.												
For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.												
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.												
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												
Exclude: Your personal residences, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.												
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.												
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.												
SP, DC, JT	EIF											
Examples: ABC Hedge Fund												
<u>None</u>												
\$1-\$1,000												
\$1,001-\$15,000												
\$15,001-\$50,000												
\$50,001-\$100,000												
\$100,001-\$250,000												
\$250,001-\$500,000												
\$500,001-\$1,000,000												
\$1,000,001-\$5,000,000												
\$5,000,001-\$25,000,000												
\$25,000,001-\$50,000,000												
Over \$50,000,000												
Spouse/DC Asset over \$1,000,000*												
NONE												
DIVIDENDS												
RENT												
INTEREST												
CAPITAL GAINS												
EXCEPTED/BLIND TRUST												
TAX-DEFERRED												
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)												
None												
\$1-\$200												
\$201-\$1,000												
\$1,001-\$2,500												
\$2,501-\$5,000												
\$5,001-\$15,000												
\$15,001-\$50,000												
\$50,001-\$100,000												
\$100,001-\$1,000,000												
\$1,000,001-\$5,000,000												
Over \$5,000,000												
Spouse/DC Income over \$1,000,000*												
None												
\$1-\$200												
\$201-\$1,000												
\$1,001-\$2,500												
\$2,501-\$5,000												
\$5,001-\$15,000												
\$15,001-\$50,000												
\$50,001-\$100,000												
\$100,001-\$1,000,000												
\$1,000,001-\$5,000,000												
Over \$5,000,000												
Spouse/DC Income over \$1,000,000*												
R	X	X	X	X	X	X	X	X	X	X	X	X
T	X	X	X	X	X	X	X	X	X	X	X	X
F	X	X	X	X	X	X	X	X	X	X	X	X
R	X	X	X	X	X	X	X	X	X	X	X	X
S	X	X	X	X	X	X	X	X	X	X	X	X
D	X	X	X	X	X	X	X	X	X	X	X	X
P	X	X	X	X	X	X	X	X	X	X	X	X
Partnership Shareholder Refund Retirement												

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: <u>Charlotte Brusman</u>	Page <u>3</u> of <u>8</u>
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Assets and/or Income Sources BLOCK A		Value of Asset BLOCK B	Type of Income BLOCK C	Amount of Income BLOCK D												
				A	B	C	D	E	F	G	H	I	J	K	L	M
SP. D.C.	ASSET NAME EIF			None												
				\$1-\$1,000												
				\$1,001-\$15,000												
				\$15,001-\$50,000												
				\$50,001-\$100,000												
				\$100,001-\$250,000												
				\$250,001-\$500,000												
				\$500,001-\$1,000,000												
				\$1,000,001-\$5,000,000												
				\$5,000,001-\$25,000,000												
				\$25,000,001-\$50,000,000												
				Over \$50,000,000												
				Spouse/DC Asset over \$1,000,000*												
				NONE												
				DIVIDENDS												
				RENT												
				INTEREST												
				CAPITAL GAINS												
				EXCEPTED/BLIND TRUST												
				TAX-DEFERRED												
				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)												
				None												
				\$1-\$200												
				\$201-\$1,000												
				\$1,001-\$2,500												
				\$2,501-\$5,000												
				\$5,001-\$15,000												
				\$15,001-\$50,000												
				\$50,001-\$100,000												
				\$100,001-\$1,000,000												
				\$1,000,001-\$5,000,000												
				Over \$5,000,000												
				Spouse/DC Income over \$1,000,000*												
				None												
				\$1-\$200												
				\$201-\$1,000												
				\$1,001-\$2,500												
				\$2,501-\$5,000												
				\$5,001-\$15,000												
				\$15,001-\$50,000												
				\$50,001-\$100,000												
				\$100,001-\$1,000,000												
				\$1,000,001-\$5,000,000												
				Over \$5,000,000												
				Spouse/DC Income over \$1,000,000*												

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME. Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for

members and employees, or devote the same time, labor, skill, and professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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SCHEDULE D – LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000							
Suntrust Bank	12/96	Credit Card	X							
American Express	8/97	Credit Card	X							
Bank One Bank	6/96	Credit Card	X							
Barclay Bank	10/96	Credit Card	X							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year and two previous years.

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Johnathan Setman Page 6 of 8

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.****

Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate Accounting Services

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

NOTE
NUMBER

NOTES

Name

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Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

**NOTE
NUMBER**

NOTES

Name:

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Use additional sheets if more space is required.